



Louisville Metro Government
Agreement to Volunteer and Accept Worker's Compensation Benefits

Louisville/Jefferson County Metro Government ("Metro Government") and _____ ("Volunteer") agree as follows regarding volunteering and acceptance of Workers' Compensation coverage:

- 1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.
- 2) Metro Government agrees to provide Workers' Compensation coverage to the Volunteer pursuant to the Kentucky Workers' Compensation Act (KRS 342, *et seq.*), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.
- 3) Volunteer accepts the coverage of the Workers' Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers Compensation Act, in exchange for being provided this free coverage.
- 4) Volunteer agrees that Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.
- 5) This Agreement shall be valid for twelve months from date of signature.

Louisville/Jefferson County Metro Government Department: Metro Parks

Supervisor: _____ **Date:** _____

Volunteer – Signature: _____

Volunteer Name – Print: _____

Address: _____

E-Mail Address: _____

_____ Check here to be notified by email about other volunteer opportunities

Telephone Number: _____

If the Volunteer is under the age of 18 years, his or her parent or guardian must sign below.

Date of Birth: _____ **Age of Volunteer:** _____

Parent or Guardian Signature: _____

Parent or Guardian Name-Print: _____